

mADDS - Household Roster

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
	TIFICATION				
Pleas	se record the following identifying information	n prior to beginning the interview.			
Α	How many times have you visited this household?	1 st time			
	Interviewer's name: Is this your name?	Yes			
В	If not, please record your name:	No 0			
	ODK will display the name associated with the phone's serial number				
С	ON SCREEN.	Yes1	Skip to E if		
	Is this date and time correct?	No 0	Yes		
D	Record the correct date and time	Date Month Day Year Time Hour Minutes AM/PM			
	Region	Ashanti			
E	PLEASE SELECT THE NAME OF THE REGION WHERE THE HOUSEHOLD IS LOCATED.	Greater Accra 5 Northern 6 Upper East 7 Upper West 8 Volta 9 Western 10			
	District				
F	PLEASE SELECT THE NAME OF THE DISTRICT WHERE THE HOUSEHOLD IS LOCATED.	ODK will populate a list of appropriate district based on the region selected for HQ E			
	Locality name				
G	PLEASE SELECT THE NAME OF THE LOCALITY WHERE THE HOUSEHOLD IS LOCATED.	ODK will populate a list of appropriate localities based on the district selected for HQ F			
Н	PLEASE SELECT THE NUMBER OF THE ENUMERATION AREA WHERE THE HOUSEHOLD IS LOCATED.	ODK will populate a list of appropriate EA numbers based on the locality selected for HQ G			
	Structure number				
I	PLEASE RECORD THE NUMBER OF THE STRUCTURE OF WHICH THIS HOUSEHOLD IS A PART FROM THE HOUSEHOLD LISTING FORM.				
	Household number				
J	PLEASE RECORD THE NUMBER OF THE HOUSEHOLD FROM THE HOUSEHOLD LISTING FORM.				

K	Is a member of the household and competent respondent present and available to be interviewed today?	Yes	Skip to P if No
_	RMED CONSENT	ad the fellowing greating.	
	the competent member of the household. Re		
	. My name is	and I am working for Kwame Nkrumah	
	ersity of Science and Technology, and the Ghana		rvey
	t various health issues. We would very much app		
	nation will help us inform the government to bett		
-	de will be kept strictly confidential and will not be	snown to anyone other than members of our s	urvey
team			
	cipation in this survey is voluntary, and if we sho		
	et me know and I will go on to the next question;		rever,
	ope that you will participate in this survey since y going to ask you questions about your family and		o to
	different set of questions to female members of		
49.	different set of questions to female members of	this household who are between the ages of t	Janu
	s time, do you want to ask me anything about th	a survay?	
At un	s time, do you want to ask me anything about th	C Survey:	
	Provide a paper copy of the Consent Form to	Yes1	
L	the respondent and explain it. Then, ask:	No	Skip to P if No
	May I begin the interview now?	NO 0	1 1110
	Respondent's signature	0.4.7.15.7.010.14.7.1.7.5	
		GATHER SIGNATURE:	
M	PLEASE ASK THE RESPONDENT TO		
	SIGN OR CHECK THE BOX IN	Check box:	
	AGREEMENT OF THEIR PARTICIPATION.		
	Interviewer's signature		
N			
	PLEASE RECORD YOUR NAME AS A		
	WITNESS TO THE CONSENT PROCESS.		
	Interviewee's name		
0			
J	PLEASE RECORD THE FIRST NAME OF		
	THE RESPONDENT		ł

CCCTION 4 Household Dector									
l will	SECTION 1 – Household Roster I will now ask you questions about all members of the household. Let's begin with you. For each person who usually lives here or slept in the								
house last night, please record the following information:									
	1	2	3	4	5	6	7	8	
No	First name	Sex	Age (years)	Marital Status	Relationship to head of household	Family ID	Is this person a usual member of the household or has he/she slept in the house last night?	Eligible female respondent	
		Male1 Female2		Married	Parent in law 7		Usual member of the household who slept here last night	Yes1 No0 ODK will determine and display eligibility based on age and sex.	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Afte	After recording information for one household member, the following prompt is asked to activate a looping script to record the information for another member if needed:								
Are there any other usual members of your household or persons who slept in the house last night? Are there any other usual members of your household or persons who slept in the house No					Skip to 10 if No				

Now	Section 2 – Househ I would like to ask you a few questions about	nold Characteristics	househ	old.	
1404	Does your household have:	the characteristics of your	Yes	No	
	Electricity?		1	0	
	A wall clock?		1	0	
	A radio?		1	0	
	A black/white television?		1	0	
	A color television?		1	0	
	A mobile phone?		1	0	
	A mobile phone?		1	0	
	A refrigerator?		1	0	
	A freezer?		1	0	
	Electric generator/invertor(s)?		1	0	
	A washing machine?		1	0	
	A computer?		1	0	
	A digital photo camera?		1	0	
10	A non digital photo camera?		1	0	
	A video deck?		1	0	
	A DVD/CD?		1	0	
	A sewing machine?		1	0	
	A bed?		1	0	
	A table?		1	0	
	A cabinet/cupboard?		1	0	
	A bicycle?		1	0	
	A motorcycle or motor scooter?		1	0	
	A car or truck?		1	0	
	A boat with a motor?		1	0	
	A boat without a motor?		1	0	
	None of the aboveREAD OUT ALL TYPES AND SELECT ALL		-77		
	THAT APPLY.				
		Yes		1	Skip to
11	Are livestock kept on the homestead?	No			13 if No
	For each livestock, how many livestock are				110
	kept on the homestead?				
	Sheep / goats				
1.0	Chicken / ducks / geese				
12	Cattle / horses / donkeys				
	ZERO IS A POSSIBLE ANSWER. ENTER				
	-88 FOR DO NOT KNOW. ENTER -99 FOR				
	NO RESPONSE.				
Diese		ehold Observation			
Pieas	se observe the floors, roof and exterior walls.	Natural Floor			
		Earth/Sand		11	
		Dung			
		Rudimentary Floor		12	
		Wood Planks		21	
		Palm/Bamboo			
	Main material of the floor	Finished Floor		22	
13	a material of the need	Parquet or polished wood		31	
.	OBSERVE	Vinyl/Asphalt strips			
	ODOLINIL .	Ceramic Tile/Terazzo			
		Cement			
		Woolen Carpet/Synthetic		-	
		Linoleum/rubber carpet			
		Other			
		2			

		National Days		
		Natural Roof		
		No Roof		
		Thatch/Palm Leaf/ Sod	12	
		Rudimentary Roofing		
		Rustic Mat	. 21	
		Palm/Bamboo	22	
		Wood Planks	. 23	
	Main material of the roof	Cardboard	. 24	
14		Finished Roofing		
	OBSERVE	Metal	. 31	
		Wood	. 32	
		Calamine/Cement Fiber		
		Ceramic Tiles/Brick Tiles		
		Cement		
		Roof Shingles		
		Asbestos/Slate Roofing Sheets		
		_		
		OtherNatural Walls	. 50	
		No Walls	11	
		Cane/Palm/Trunks	12	
		Rudimentary Walls		
		Bamboo with Mud		
		Stone with Mud		
		Uncovered Adobe		
	Main material of the exterior walls	Plywood	. 24	
15	Walli Illaterial of the exterior walls	Cardboard		
13	OBSERVE	Reused Wood	26	
	OBSERVE	Finished Walls		
		Cement	. 31	
		Stone with Lime/Cement	. 32	
		Bricks	. 33	
		Cement Blocks	. 34	
		Covered Adobe	35	
		Wood Planks/Shingles	36	
		Other		
	Section 4 – Water Sa	anitation and Hygiene		
Now	I would like to ask you a few questions about			
	, and a second about	Yes	1	
		No		Skip to
16	Do you have a place to wash your hands?	Don't know	-	19 if
'0	20 you have a place to wash your harids:	No response		No
		140 100001130	33	
		Vee		Skip to
17	Can you show it to me?	Yes		19 if
	•	No		No
	AT THE PLACE WHERE THE	Yes	<u>No</u>	
	HOUSEHOLD WASHES THEIR HANDS,			
	OBSERVE IF:			
18	Soap is present	1	0	
	Water source is present: stored water		0	
	Water source is present: tap water		0	
	Hand washing area is near a sanitation			
	facility	1	0	
	None of the above		0	
		, , , , , , , , , , , , , , , , , , , ,		

	Which of the following water sources does	<u>Yes</u>	<u>No</u>	
	your family use on a regular basis for any			
	part of the year for any household purpose?			
	Piped Water			
	Piped into dwelling/indoor	 1	0	
	Pipe to yard/plot		0	
	Public tap/standpipe	 1	0	
	Tube well or borehole	 1	0	
	Dug Well	1	0	
	Protected Well	1	0	
19	Unprotected Well	 1	0	
'	Water from Spring			
	Protected Spring		0	
	Unprotected Spring		0	
	Rainwater	1	0	
	Tanker Truck	1	0	
	Cart with Small Tank	 1	0	
	Surface water (River / Dam / Lake / Pond /			
	Stream / Canal / Irrigation Channel)	 1	0	
	Bottled Water	1	0	
	Sachet Water	 1	0	
	READ OUT ALL TYPES AND CHECK ALL			
	THAT ARE USED			

	What is the main source of drinking water for	
	members of your household?	
	Piped Water	
	•	1
	Pipe to vard/plot	2
	Public tap/standpipe	3
	Tube well or borehole	
	Dug Well	
	Protected Well	
	Unprotected Well	
	Water from Spring	7
20	Protected Spring	
	Unprotected Spring	
	Rainwater	
	Tanker Truck	
	Cart with Small Tank	
	Surface water (River / Dam / Lake / Pond /	12
	Stream / Canal / Irrigation Channel)	
	Bottled Water	
	Sachet Water	
	READ OUT ALL TYPES AND CHECK THE	
	MAIN SOURCE. MUST BE A SELECTION	
	IN HQ 19	

04	Miles the marks assume a forest an aread by				
21	What is the main source of water used by				
	your household for other purposes such as				
	cooking and handwashing?				
	Piped Water				
	Piped into dwelling/indoor				
	Pipe to yard/plot			2	
	Public tap/standpipe			3	
	Tube well or borehole			4	
	Dug Well				
	Protected Well			5	
	Unprotected Well				
	Water from Spring				
	Protected Spring			7	
	Unprotected Spring				
	Rainwater				
	Tanker Truck				
	Cart with Small Tank		•••••	' '	
1	Surface water (River / Dam / Lake / Pond /			40	
	Stream / Canal / Irrigation Channel)				
	Bottled Water				
	Sachet Water			14	
	READ OUT ALL TYPES AND CHECK THE				
	MAIN SOURCEMUSTBE A SELECTION IN				
	HQ 19.				
	QUESTIONS HQ 22 TO HQ 24 WILL				
	REPEAT X TIMES, ONCE FOR EACH				
	WATER SOURCE SELECTED IN HQ 17.				
	THESE SOURCES INCLUDE:				
	The ODK software will list all sources				
	selected in HQ 19.				
	Colociou III I I Q To.				
	You mentioned you used [WATER				
	SOURCE]. At any time of the year, does your		<u>Yes</u>	<u>No</u>	
22					
22	family use water from this source for:				
	Drinking		1	0	
	Cooking		1	0	
	Livestock		1	0	
	Gardening / agriculture		1	0	
	Business venture		1	0	
	Washing		1	0	
			-		
	The same question will be generated by the				
	ODK software for all water sources selected				
	in HQ19.				
	Is [WATER SOURCE] typically available:				
	All of the year			1	
	Some of the year				
	Small part of the year				
23	Cinal part of the year in the same of the	••••••			
	The same question will be generated by the				
1	ODK software for all water sources selected				
	in HQ19.				
1	ווו ווע וא.				

24	At a time when you expect to have water from [WATER SOURCE], is it usually available? The same question will be generated by the ODK software for all water sources selected in HQ19	Yes, always
25	How many minutes does it take to make a one-way trip to [WATER SOURCE]? ZERO IS A POSSIBLE ANSWER. CONVERT TIME INTO MINUTES. ANSWER INCLUDES WAITING TIME IN LINE. ENTER -88 FOR DO NOT KNOW. Thee same question will be generated by the ODK software for all water sources selected in HQ19	Minutes:
26	Does your family have a garden?	Yes

	,				
	Do members of your household use any of		<u>Yes</u>	<u>No</u>	
	the following toilet facilities?				
	Flush/pour flush toilets connected to:				
	Piped sewer system		1	0	
	Septic tank		1	0	
	Elsewhere		1	0	
	Unknown / Not sure / Don't know		1	0	
	Ventilated improved pit latrine		1	0	
27	Pit latrine with slab		1	0	
	Pit latrine without slab		1	0	
	Composting toilet		1	0	
	Bucket toilet		1	0	
	Hanging toilet /Hanging latrine		1	0	
	Other		1	0	
	No facility / bush / field		1	0	
	READ OUT ALL TYPES AND CHECK ALL			ŭ	
	THAT ARE USED.				
	What is the main toilet facility used by	I			
	members of your household?				
	Flush/pour flush toilets connected to:				
	Piped sewer system			1	
	Septic tank				
	Elsewhere				
	Unknown / Not sure / Don't know				
	Ventilated improved pit latrine				
	Pit latrine with slab				
28	Pit latrine without slab				
20	Composting toilet				
	Bucket toilet				
	Hanging toilet /Hanging latrine				
	Other				
	No facility / bush / field				
	Two radiity / badii / field			. 14	
	READ OUT ALL TYPES AND CHECK THE				
	MAIN FACILITY. MUST BE SELECTED IN				
	HQ 25.				
	113 201				

29	QUESTION HQ 27 WILL REPEAT X TIMES, ONCE FOR EACH SANITATION FACILITY SELECTED IN HQ 25. THESE FACILITIES INCLUDE: The ODK software will list all sources selected in HQ 27 How often does your family typically use [TOILET FACILITY TYPE]? REGULAR PRACTICES AT THE HOUSEHOLD ONLY.	Always	3	
	The same question will be generated by the ODK software for all toilet facility types selected in HQ27.			
30	How many people within your household regularly use the bush / field at home or at work?	Number of people		
	THERE ARE X PEOPLE IN THIS HOUSEHOLD. ENTER -88 FOR DO NOT KNOW. ENTER -99 FOR NO RESPONSE.			

		For all children under age five: what methods, if any, does your household use to	Yes	<u>No</u>	
		dispose of children's waste?			
		Children use a latrine / toilet Leave waste where it is		0	
		Bury waste in field / yard	7	0	
		Dispose of waste in latrine / toilet		0	
		Dispose of waste with rubbish / garbage		0	
3	1	Dispose of waste with waste water	 1	0	
		Use it as manure	1	0	
		Burn it	1	0	
		Don't know	 -88		
		The ODK software will only ask this question	 -99		
		to households that listed children under 5 in			
		the household roster (HQ3).			

Thank the respondent for his/her time.

THE RESPONDENT IS FINISHED, BUT THERE ARE STILL TWO MORE QUESTIONS FOR YOU TO COMPLETE OUTSIDE THE HOUSE.

LOCATION AND QUESTIONNAIRE RESULT			
Р	Take a GPS point outside near the entrance to the household. Record location when the accuracy is smaller than 6m.	Instructions are given directly by the ODK software. RECORD LOCATION	
	GPS COORDINATES CAN ONLY BE COLLECTED WHEN OUTSIDE.		
Qa	Ask permission to take a photo of the entrance of the house. Did you get consent to take the photo?	Yes	Skip to R if No
Qb	Ensure that no people are in the photo.	Instructions are given directly by the ODK software. TAKE PICTURE CHOOSE IMAGE	
R	Record the result of the Household Roster.	Completed	